four months [$p > 0.20$]; the corresponding mean periods of survival were 56 ± 14 months and 42 ± 6 months [$p = 0.046$].

Conclusion: Although BI was effective in promoting local disease control, our data suggested that the timing of BI may not have a significant impact in reducing local recurrence despite the improved survival seen with the early application of BI.

276 POSTER

Cosmetic evaluation of breast conserving treatment for mammary cancer

Anna Niwińska, Monika Nagadowska, Hanna Tchórzewska. *Breast Unit, Maria Sk'odowska-Curie Cancer Center and Institute of Oncology, Warsaw, Poland*

Purpose: To assess the relationship between cosmesis and factors related to early breast cancer and its management.

Methods: From January 1994 to January 1996 at the Cancer Center and Institute of Oncology in Warsaw fifty-eight patients with early breast cancer were treated using a breast conserving surgery and radiotherapy. Every six month cosmesis was assessed quantitatively and qualitatively by a team of physicians and patients themselves according to precisely defined criteria.

Results: At the median follow up of 19 months in physicians opinion, there was 53% excellent, 37% good, 7% fair and 3% bad cosmestic results. Adjuvant chemotherapy was the main factor adversely influencing cosmesis ($p = 0.001$). Moreover, cosmesis tended to be worse in patients with: palpable tumors, large breast, cancer treated by quadrantectomy, radiotherapy to the axillary lymph nodes fields. There was a significant correlation between patients and doctors opinion regarding cosmetic results (Cohen's Kappa test = 0.4115).

Conclusions: Our results confirmed that breast conserving treatment produces very good cosmetic results in over 90% of patients. There was very good correlation between patients and doctors assessment of cosmetic results.

277 POSTER

Radiation therapy without boost for breast conserving surgery patients with positive surgical margin or extensive intraductal component

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Purpose: Boost radiation is usually required when surgical margin is positive on breast conserving surgery followed by whole breast radiation. As the volume of Japanese women's mammary gland is small, 50 Gy whole breast radiation may be sufficient to prevent breast recurrence even in time of positive surgical margin.

Method: 124 patients were enrolled in prospective randomized trial for adjuvant therapy of breast conserving surgery. Criteria for this trial was $T < 3$ cm and N0. Breast recurrence and distant metastasis was observed.

Results: Surgical margin was positive in 15 cases (12.1%). Extensive intraductal component was seen in 41 cases (33.1%). Breast recurrence was none at 3.1 years (median follow-up period) after surgery, whereas distant metastasis was seen in 7 cases (5.6%).

Conclusion: To prevent breast recurrence after breast conserving surgery, 50 Gy standard whole breast radiation may be sufficient even in case of positive surgical margin.

Thursday, 1 October 1998 16:00-18:00

PARALLEL SESSION

Information – communication – education

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279 INVITED

Communication skills of oncologists

Lesley J. Fallowfield. *CRC Psychosocial Oncology Group, Dept of Oncology University College London, UK*

Many women with breast cancer are manifestly unhappy with much of the communication that takes place between them and their doctors. The lack of information about the diagnosis, prognosis and potential therapeutic options can cause anxiety, uncertainty, distress and dissatisfaction. Furthermore, poor communication can lead to misunderstandings about the importance of different diagnostic tests, under-reporting of key symptoms and side-effects and poor adherence to treatment regimens or willingness to accept advice. This situation is distressing for patients and their families and is professionally and personally unrewarding for the doctor. Reasons for poor communication are complex and may include such things as characteristics of the patient, the doctor and the system of cancer care delivery. However, one of the primary reasons for the difficulties is the inadequate training given to most oncologists in effective communication skills. This talk will discuss some of the problems and consider training initiatives aimed at correcting the communication deficiencies.

280 ORAL

Parcours de femmes: A survey of opinions of French women with cancer; the first step of a pan-European survey in 16 countries

D. Serin[1], H. Pujol[2], S. Schraub[3], H. Chevalier[4]. [1]*Avignon,* [2]*Montpelier,* [3]*Strasbourg,* [4]*Paris, France*

Objective: "Parcours de Femmes"* was a nation-wide survey conducted in France to assess the status of care of women with gynaecologic or breast cancer to identify methods by which their treatment path could be improved.

Method of Survey: The survey was conducted among cancer patients and healthcare professionals between 1993 and 1996. Two waves of research were undertaken. The first (1993–1994) involved the completion of questionnaires by 2874 women from 96 cancer treatment centres. The second (1995) comprised face-to-face interview with public authorities, health care professionals, financial institutions and employers.

Results: Information was obtained regarding the way in which patients receive their diagnosis; treatments including surgery, radiotherapy and chemotherapy, and the effects of the disease and treatments on women's daily lives both during and after treatment.

Conclusions: Cancer diagnosis is still associated with death; the psychological support at the point of diagnosis until recovery is vital. More information and better explanations regarding the disease, treatments and side effects are also needed. 30% of patients expressed a desire to be involved in the choice of treatment and many women wished that there had been an opportunity to talk with someone outside the medical team.

As a result of "Parcours de Femmes", Bristol-Myers Squibb Oncology Division Europe initiated the Caring about Women and Cancer program (CAWAC) – a unique pan-European effort dedicated to supporting female cancer patients and their carers throughout 16 countries. Patients' survey fieldwork for CAWAC commence in May 1997.

*Bristol-Myers Squibb Oncology Division and the French League against Cancer.

281 ORAL

UK National Trial assessing the impact of testing for BRCA1/2 breast/ovarian cancer predisposition genes

M. Watson[1], R. Eeles[1], G. Evans[2]. *And the UK Working Party;* [1]*Royal Marsden Hospital and Institute of Cancer Research, Surrey;* [2]*St. Mary's Hospital, Manchester, UK*

Purpose: The UK Trial has been set up to determine (i) what patients understand and require in the way of information about genetic risk (ii) impact of genetic counselling and testing on mental health and (iii) management of breast/ovarian risk cancer.

Method: Prospective design; patients are evaluated pre- and post-genetic testing using pre-validated and reliable measures which assess; mental health, cancer worry, perception of risk, reasons for taking a gene test, options for management of cancer risk in carriers, family cancer burden, and health locus of control.

Results: This trial is in progress (N = 110). Data from genetic counselling studies indicate that consultands do not recall numeric risk information and remain anxious. A significant number of women having genetic counselling continue to over-estimate their risk. Preliminary results from a cohort undertaking genetic testing by linkage analysis indicate that female gene carriers cope less well if their carrier status results are unanticipated. The uptake rate from this cohort for genetic testing was 41% overall and 59% in females.

Conclusions: Uptake rates suggest a high demand once gene testing is widely available. The data indicate that cancer worry remains high in a significant minority of women. Issues highlighted by these data are; (i) the need for guidelines on how bestto inform and educate women about genetic risk, (ii) a clearer management strategy for optimising future health in women who are gene carriers, and (ii) need for psychological services for those who suffer adverse consequences of testing.

282 ORAL

Adjuvant chemotherapy for breast cancer patients: Patients' expectations and physicians attitudes

Shulamith Kreitler[1], Frieda Barak[2], Felix Kovner, Moshe Inbar[1]. [1] *Institute of Oncology, Tel-Aviv Medical Center, Ichilov Hospital;* [2] *Unit of Oncology, Barzilai Hospital, Ashkelon, Israel*

Purpose: There seems to persist some unclarity about the theoretical and clinical status of adjuvant chemotherapy. Our goal was to shed light on the expectations of patients and the views of physicians about this treatment.

Methods: Two matched questionnaires were prepared: one for patients and one for physicians. They dealt with the goals and the probability of their attainment, the side-effects and the difficulty of the treatment. Patients responded to these questions in general and about themselves, and the doctors – about the desirability of imparting information about these issues. The questionnaires were administered to 80 breast cancer patients and 50 doctors in different hopitals.

Results: As compared to doctors, patients checked more goals, more extreme probability values and fewer side-effects. Patients tended to consider themselves as close to the typical patient type. Doctors tended to recommend imparting little information, especially those with more experience. Degrees of correspondence between doctors' responses, and between the responses provided by doctors and patients were low.

Conclusion: There is need for more consensus about the information given about adjuvant chemotherapy, so that patients' views may become clearer and more focused.

283 ORAL

Using new technology to disseminate information on breast cancer to women

P. Maguire. *Eur. Inst. of Women Health, 9 Herbert Place, Dublin 2, Ireland*

The growth of the information society will have far-reaching benefits for the population as a whole. Through the use of information technology, specific information can now be accessed and disseminated in a much more effective manner. The emergence of the Internet as a powerful tool of communication and an increased use of computer technology can be of particular relevance to accessing and disseminating health information to women.

The European Institute of Women's Health developed a cancer information pack on women specific cancers in 1996 by availing of the use of new technology. The pack was designed so that information on prevention, cause and risk factors associated with women specific cancers could be accessed effectively by women through the use of technology. The CanCom project was produced on computer disc so that it could be accessed in any environment – the office, the home or any location with computer facilities. A bottom up approach was used to ensure that the information was packaged in a format that suited the required needs of women in the community.

The advent of new technology offers those concerned with health care a valuable opportunity. The networking of technological systems, the transfer of data, the utilisation of image, sound and text ensures an exploitation of information that transcends cultural differences. The utilisation of technology to combat breast cancer offers a powerful medium to ensure that the women of Europe avail of accurate, reliable and up to date information.

284 ORAL

A patient model of effective communication for screening mammography

S. Fox[1,2], S. Reise[1,3], S. Stockdale[1,4]. [1] *RAND, Santa Monica;* [2] *Department of Medicine;* [3] *Department of Psychology;* [4] *Department of Sociology, University of California, Los Angeles, USA*

Purpose: In adherence to breast cancer screening, physician-patient communication has long been perceived as important but is rarely tested in multivariate models. The National Cancer Institute of the National Institutes of Health funded this four year study to develop a physician-patient cohort model of effective communication using a combination of quantitative and qualitative (focus groups) data; the patient model is presented here.

Methods: After 65 primary care physicians were recruited from Los Angeles County, 905 of their female patients between ages 50–80 participated in 45 minute bilingual interviews in 1997.

Results: The average age of this older sample was 65; 73% were white, 11% black, 12% Hispanic and 4% were Asian. 70% reported adherence with mammography maintenance (2 mammograms within 4 years) but there were notable race/ethnic and income differences. For example, 75% of whites versus 55% of Hispanics reported adherence which is the primary outcome measure of this analysis. Independent measures included several socioeconomic, physician-patient communication and quality of life variables. The final multivariate patient model included three significant predictors of adherence: patient's perceived level of physician enthusiasm for mammography, household income, and race. Physician's enthusiasm was operationalized in focus groups as a combination of physician communication and caring skills. White and black women were almost twice as likely (Odds Ratio = 1.9) as Hispanic and Asian women to be adherent while women whose income was over $15,000 were over 1 1/2 more likely (OR = 1.7) to be adherent compared to lower income women. Finally, women who perceived their physicians to have a lot of enthusiasm for mammography were 1 1/2 times more likely (OR = 1.5) to be adherent compared to women whose physicians were perceived to have no or some enthusiasm.

Conclusion: These findings are encouraging since physician communication skills, unlike other predictors such as patient race and income, can be taught and learned, thus increasing the possibility of improving adherence among older minority and low income women.

285 ORAL

National survey of women with breast cancer in Australia

S. Redman[1], P. Williams[1], P. Malych[2], C. Davis[1]. [1] *NHMRC National Breast Cancer Centre, Sydney;* [2] *Chairman, Breast Surgery Section, Royal Australasian College of Surgeons, Australia*

Purpose: The National Health and Medical Research Council of Australia released Clinical Guidelines for the Management of Early Breast Cancer in 1995. The Guidelines make recommendations about both clinical care and the information and advice that should be offered to women. For example, the guidelines stress the importance of appropriately informing women of their diagnosis, involving them in decisions about management and providing information about their disease and its treatment. The National Survey was designed to assess the extent to which these recommendations have been adapted.

Methods: 600 women diagnosed with early breast cancer between 6 and 12 months previously were asked to take part in telephone survey. The survey instrument had been previously assessed for reliability and validity. Women were identified through the cancer registries to provide a representative national sample.

Results: Preliminary results suggest that most women feel they were provided with the opportunity to be involved in decisions about treatment; however, not a aspects of the guidelines were routinely implemented. Results from the full sample will be presented at the meeting.

Conclusion: The results will be discussed in terms of strategies for encouraging the adoption of recommendations about supportive care.